

FILED DEC 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41337
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Deming</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Deming</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Wagler</u>		c. CITY OR TOWN <u>Camden</u> 18 <u>28</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Hart's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>One apt</u>	
3. NAME OF DECEASED (Type or print) <u>JOHN L. STEETE</u>		4. DATE OF DEATH Month <u>Nov</u> Day <u>19</u> Year <u>1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov-24-1911</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Camden, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>L.A. Steete</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>South Steete</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>5811</u>		17. INFORMANT <u>Mr. South Steete</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hepatic Coma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cholelithiasis</u> DUE TO (c) <u>Gallstones in Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 days</u> <u>4 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5:30</u> Month <u>Nov</u> Day <u>16</u> Year <u>57</u> a.m. <u>am</u> p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Camden</u>	
20g. COUNTY <u>Deming</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>Nov 16 '57</u> to <u>Nov 14 '57</u> and last saw him alive on <u>Nov 19, 1957</u> Death occurred at <u>5:30 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>J. O. Carr</u> (Degree or title)	
22b. ADDRESS <u>Camden, Tenn.</u>		22c. DATE SIGNED <u>11/26/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Nov-20-1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>		23d. LOCATION (City, town, or country) <u>Camden, Tenn.</u>	
23e. STATE <u>Tenn.</u>		23f. COUNTY <u>Deming</u>	
24. FUNERAL DIRECTOR <u>La Forge Inc. Co. Camden</u>		25. DATE RECD. BY LOCAL REG. <u>12-2-57</u>	
26. REGISTRAR'S SIGNATURE <u>John H. German</u>		27. (Licensee's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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12-354-57

DEC 9 - 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

DEC 17 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Walter Dean*

Licensed Embalmer No. *3941*

P. O. Address *Caruthersville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.